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## BIB DATA SHEET

CONFIRMATION NO. 6013

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.           |                               |                                    |
|---|---|---|---|----------------------------------|-------------------------------|------------------------------------|
| 10/586,742  | 09/26/2006<br>RULE  | 435   | 1648  | 128497                           |                               |                                    |
| <b>APPLICANTS</b><br>Patrice Marche, Meylan, FRANCE;<br>Alexandre Rolland, Sassenage, FRANCE;<br>Evelyne Jouvin-Marche, Meylan, FRANCE;<br>Herve Perron, Saint Genis Les Ollieres, FRANCE;  |   |   |   |                                  |                               |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR05/00156 01/24/2005   |   |   |   |                                  |                               |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 04 00675 01/23/2004  |   |   |   |                                  |                               |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/31/2007  |   |   |   |                                  |                               |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/ZACHARIAH LUCAS/</u><br><small>Examiner's Signature</small> |   | <input type="checkbox"/> Met after Allowance<br><small>Initials</small> | <b>STATE OR<br/>COUNTRY</b><br>FRANCE   | <b>SHEETS<br/>DRAWINGS</b><br>26 | <b>TOTAL<br/>CLAIMS</b><br>11 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>OLIFF & BERRIDGE, PLC<br>P.O. BOX 320850<br>ALEXANDRIA, VA 22320-4850<br>UNITED STATES  |   |   |   |                                  |                               |                                    |
| <b>TITLE</b><br>Composition For Treating Pathology Associated With Msrw/Herv-W  |   |   |   |                                  |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1480  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                  |                               |                                    |